traditional attitudes that the north was a culturally rude and physically inhospitable place. The highway which now goes through the center of the main part of the village is a good, hard surfaced, dirt road, widened since the war. A lively traffic of trucks and buses and the three wheeled cycles contrasts with the narrow pre-war roads, traces and abandoned sections of which can still be seen. The frequent buses supply transportation to the larger cities and towns of the island: to Nago across the island and slightly to the north, to Ishikawa on the south, and to distant Naha, about 31 miles away.

Matsuda, unlike the southern villages, was not destroyed by the war. There were some air raids, some bombing out of the houses, but nothing like the destruction in the main areas of conflict. Early in the Okinawa campaign, the north was cut off and isolated and the struggle for the island took place in central and southern Okinawa. As a consequence, many of the old houses, sturdily built with tile roofs, have been preserved. Numerous refugees from the south gathered in this area during and after the campaign. In nearby Oinoza (Jinuza) village, slightly over a mile to the southwest, also on Highway 13, the Americans operated a hospital for Okinawan refugees. It is still in use. This relative lack of war destruction in the northern villages has, to a degree, reversed the roles of the north and the south. The opening up of the north, its prosperity, the survival of many of its old homes, give the impression of comfort and well being conspicuously lacking in most of the makeshift villages of the south.

The descriptions of these three villages perhaps make clear the diversity that can be expected among Okinawan settlements. Hanashiro, the small village cluster, with adjoining rice fields on the valley floor, its other crops on the terraced slopes, is the most typical. Minatogawa, the fishing village in an impoverished countryside of stony or shallow soil, is dependent on the seas and its catch for its livelihood and the wherewithal to buy the foods which cannot be grown in sufficient abundance. Matsuda, a collection of small settlements, scattered here and there from the coast inland, with its large preserve of community forest, is an example of agriculture in a forest setting, and of the use of the forest in daily living. This by no means exhausts the diversity. The village of Oku to the north, with its tea, its rice, its fences for wild boar protection, its cycads planted on the hillsides to prevent erosion, is still another example. But our task here is not to catalogue all diversity, but to indicate that it exists and to a much greater degree than would appear to superficial observation.

diseases seemed to be below the expected rate for Okinawa, in general, and we had the impression that Taira people are healthy on the whole. Only one case of leprosy, which had been removed to a special hospital on the island of Yagaji, was reported from Taira.

Among the children there were frequent complaints of intestinal diseases. Most children seem to lodge a variety of parasites, mostly hookworms and tapeworms, and many were subject to skin ailments. One girl had a severe case of what was thought by the nurse to be congenital syphilis. The skin of her whole body was covered with sores which were a constant source of irritation. This 4-year-old never appeared in the company of children other than her younger sister. She would stand in front of her house, her face swollen, her head stooped from discomfort and embarrassment. Almost all children have impetigo and various kinds of rashes. During the summer these cover their faces and parts of the body. Almost all have marks of boils which have plagued them in the course of years.

Because sickness is always a threat, it creates fear, and any explanation which may restore some hope is important knowledge. Although some Western or modern theories about disease have been introduced recently through the school and the village nurse, they filter into every house only slowly and do not materially affect what has been handed down as popular knowledge from older members of each household. Most Taira people are probably quite eclectic in their beliefs as well as in their choice of treatments, so that it would be difficult to ascribe to them any single body of theory of disease.

Home remedies, often applied by old women, are widespread. The most popular ones are blood letting and the use of *moxa* cautery. Whenever people agree that there is "bad" blood in an adult's or child's system, it must be removed. There are many phenomena which are accounted for by the presence of "bad" blood. Visible signs such as eczema of the skin or swellings are such indications, but malfunctioning of certain organs, the stomach, liver, kidneys, can also call for the removal of "bad" blood. Mothers expose infants as young as five days to the treatment, which may be preventive as well as curative. Pointing to a bluish green area on the infant's back (not the mongoloid spot), whether real or imagined, the mother swabs the area with sake before she or the grandmother make numerous ¼-inch incisions with a razor. After the blood starts to ooze out of the tiny wounds, more sake is rubbed into the skin. The mixture of blood and sake is caught and rubbed on again and again until all the undesirable blood has been drained.

So many Taira babies have eczema that this treatment takes place

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744 tuberculosis, the public health nurse teaches the family how to treat the patient in the home by giving him rest and drugs provided through her. Isolation, though recommended, is not carried out effectively, as might be expected from the general treatment of sick in the village.

744 759 Like most public offices in Okinawa, the nurse's carries with it a large load of administrative duties. Between these and attending meetings and lectures at Nago hospital, there is relatively little time to cover the long distances between villages. Taira is fortunate to be the residence of the nurse, and when occasionally a nurse from another township comes to help her with inocculations, the children crowd around her and say "We want 'our' nurse to do it."

● 743 759 758 [844] The dispensary, or small hospital, in Taira is owned and run by a former medical corps man in the Japanese Army, referred to as "doctor." After the war the government gave permission to a number of former army medical personnel to practice on a limited scale in the villages. The Taira practitioner takes the place of a midwife, gives first aid, and diagnoses simple illnesses. If there are no complications, a patient requesting medical care may be kept at the dispensary, where a family member and the doctor's "nurse," a young female servant, attend to all his needs. If the doctor is confronted with a complicated birth or a case requiring surgical skill, he refers the patient to a private clinic in Nago or to the public hospital there. The township gives financial aid to the doctor to maintain his establishment.

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757 [278] [262] [759] Penicillin has become the doctor's stock in trade, and other antibiotics and drugs are liberally administered via the hypodermic needle. But the doctor does not restrict himself entirely to the use of recognized Western medicines and practices. He may recommend special diets to which people have resorted for a long time, such as goat soup, which is believed to cure colds. Although the doctor has a high status in the community, most persons do not rely on his advice alone but resort to other practitioners and their remedies.

[759] Until a few years ago a popular medical practitioner, the bush doctor, resided in Taira. After his death nobody took over his work, and now many people have to travel far to receive treatment from a bush doctor in another village. His methods primarily include the use of moxa cautery, burning mogusa weed on the patient's skin, and acupuncture by the use of a fine golden needle. He may also prescribe a certain diet and the use of special herbal remedies, which the patient prepares for himself. Those who have great confidence in the bush doctor's competence, particularly older persons, do not consult the Taira doctor at all.

758 In all their dealings with sickness and its prevention, Taira people are severely handicapped by their economic conditions. Even families